## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

**AFTER** 

I" AMENDMENT

IND. DEP.

AS FILED

DEP.

IND.

SERIAL NO. 11/577043 FILING DATE

APPLICANT(S)

CLAIMS

AFTER

2 MAMENDMENT

DEP.

IND.

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